STATE OF MINNESOTA Minnesota Department of Health STG Questions for "SCCM Troubleshooting & Configuration" SOW

No	Questions
1.	Please confirm whether selected vendor will be paid on an hourly basis for services provided under this contract, based on MnDH approved contractor time sheets, or if selected vendor will be paid based on completed/signed-off deliverables?
	A: Hourly
2.	With respect to the cost portion of the SOW response requirements, is MnDH seeking hourly billing rate(s) for the proposed resource(s), or is MnDH seeking a fixed-price cost proposal to complete the deliverables outlined in the SOW?
	A: Fixed cost proposal
3.	If MnDH is looking to secure these resources on a "Staff Augmentation" basis, please confirm that it will be acceptable for vendors to provide hourly billing rates along with resumes in order to satisfy the "Cost" requirement?
	A: No
4.	What is the anticipated daily work schedule for selected vendor resource(s) (8AM - 5PM, Monday thru Friday)?
	A: M-F Business Hours
5.	Please confirm that MnDH will provide selected resources with work space, and all necessary hardware/software and laptop/desktop computers to perform the responsibilities outlined in this SOW.
	A: Yes
6.	Please confirm that the anticipated utilization of selected resource(s) will be full-time 40 hours per week (excluding State holidays) for the duration of the contract?
	A: Yes
	If no, please provide anticipated utilization?
7.	Will selected vendor resource(s) be required to perform off-hours, on-call support work?
	A: No

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8.	Please confirm that vendor assigned resource(s) will be working at the direction and under the supervision of a MnDH Project Manager. A: Yes
9.	Is there an incumbent vendor who is currently, or has previously, been engaged to perform duties similar to the work outlined in this SOW? A: Yes
	If yes, who is the incumbent vendor?
	A: Qualified low bid respondent as defined in SOW Evaluation Process.